

**Minority Stress: Intergroup Contact and the Minority Experience**

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**Minority Stress: Minority Experience of Intergroup Contact****CHAPTER 1: INTRODUCTION**

My goal is to present intergroup contact theory, but from the perspective of the minority group. This paper explores the complexity of intergroup contact as an approach that may reduce prejudice among members of a majority group, but that may also have undesirable consequences for members of a minority group. For the purposes of this paper, I define prejudice as negative attitudes about an individual or a group based on their group membership. I acknowledge the work behind the intergroup contact theory on prejudice reduction as well as dissect the literature relevant to intergroup contact interactions. I suggest that there is a cost incurred to the minority group, conceptualised by the minority stress model, reminding us that the effects of intergroup contact are bidirectional.

I use the term “minority” or “minorities” while referring to individuals from environments where they may or may not have been numerically a part of a majority population, but have in common being at an economic disadvantage. Majority group membership includes persons of a high status, or dominant, group. Globally, “minorities” are clearly distinguishable as the low-status group and have a history of marginalisation in common. One may consider environments such as the United States, where the highest position of President is currently and for the first time held by a person of colour, in contrast to Bermuda where all of the highest government positions are held by persons of colour. Alternatively, there is a lack of minority representation within the highest echelons of Canada where the indigenous people are barely physically represented as policy makers.

The Bermuda community is an example of the majority ethnic group forming the economic minority. Black people form the numeric majority, but hold lower employment positions and hold less of the wealth of the country (Bermuda Census, 2010). For the purposes of this paper, minorities refer to individuals who find themselves in diverse surroundings where they may be considered a part of the marginalised outgroup. Note that the synthesis of research that forms this paper largely, but not exclusively, includes studies involving racial and ethnic minorities.

Minority group memberships on the basis of race/ethnicity represented in this paper include Black Americans, Native North Americans, and Hispanic Americans. The Native North American experience is the common story of colonisation and destruction through war and disease. The struggle continues today to enforce the rights of their indigenous roots within the United States and Canada. The Hispanic experience is one of escape from an impoverished background. Given this context, they subject themselves to discrimination and denigration through stereotypes associated with recent immigration. Hispanic people are comprised of persons from more than 15 countries in North, Central and South America (Tam & Margaret, 2010). As relatively recent immigrants, their very right to establishing family life on North American soil is questioned.

The Asian American minority experience may be characterised by internal conflict on the part of the majority group. The Asian American group is unique to the other minority groups in that there is backlash related to both being a visible minority as well as having perceived distinctions related to high academic and economic performance (Lee et al., 2009). This backlash is represented by the Asian American population being visually

singled out and consequently suffering the physical and psychological consequences of minority status and the marginalisation of being considered the “model minority” (Chou & Feagan, 2010). Further research is presented on Italians and their immigrant populations, as well as the indigenous experiences of Australia and New Zealand.

This paper also provides examples of the marginalisation of sexual minorities (i.e., lesbian, gay, bisexual, and transgender groups), as well as the marginalisation of persons with disabilities, or of a particular religion. Please note that the principles outlined relative to intergroup contact and minority stress include but are not limited to these minority groups. There is supporting evidence for the idea that discriminatory stress processes occur similarly from one minority designation to another (Nobles, 2010; Pettigrew & Tropp, 2006).

Racism today, as an evolved entity, is a more subtle form of its previous self (Sue et al., 2007). I define racism as a power imbalance leading to attitudes and behaviours assuming superiority over another group based on their ethnicity. Along with the widespread implementation of diversity policies in North American institutions (Kalev, Dobbin, & Kelly, 2006), as well as the inauguration of the first Black president in the United States in 2009, the interest in minorities has evolved from the study of the effects of blatant discrimination (negative action toward individuals based on their group membership) to a recognition of something less overt (Pettigrew, 1985). When it was commonplace to assign Black people to separate bathrooms, educational institutions and career paths, racist incidents were quite explicit by the use of the “whites only” signs, segregated schools, and social exclusion. There was no mistaking racism for what it was; further, in the United

States, it was a socially accepted and legal practice highlighted in 1896 by the Plessy v. Ferguson decision to legalise a post-slavery concept that would be referred to as “separate but equal” in order to assign legitimacy to the continued marginalisation of Black Americans (McPherson, 2011).

The “separate but equal” concept mandated an environment of segregation. Today, however, racist attitudes and behaviours are publicly considered politically incorrect as society attempts to relegate this section of history to its past. For example, Riley Cooper, wide receiver for the Philadelphia Eagles, was recorded on a video released July 31, 2013 making racial slurs at a country western concert. Cooper was swiftly issued a suspension of his eligibility to participate in team practises or meetings (Bonaguro, 2013).

Allport (1954) defined prejudice as based on willful ignorance in the absence of knowledge about a group. By this standard, instances of racism are formed by the beliefs in the inferiority of one group, along with the belief of the superiority of another. Racism in today’s subtle form is difficult to navigate as it is manifested less in behaviour and more in intent, which is difficult to qualify. For example, in a review of modern racism, Ikuenobe (2011) described various attitudes that constitute the modern version of racism. The manifestation of these attitudes includes the racist who may help (e.g., providing food or otherwise donating) the disadvantaged group (outgroup), but the intent is based on the belief that the outgroup is inferior. Outgroup members are individuals of a group outside of one’s own group membership.

I will later demonstrate, with a discussion of Cognitive Dissonance (Festinger, 1957), how an individual who donates time and funds may be doing so with the intention of putting themselves in a position to demonstrate public superiority – rather than in the spirit of altruism. This example demonstrates that extending charity is not necessarily indicative of a genuine, reciprocal relationship with an outgroup member. The Cognitive Dissonance Theory accounts for the persistence of racism even within a climate where an individual may make every effort to suppress racist attitudes as they consider the backlash associated with outwardly racist behaviours. This suppression is the type of attitude that measures of racism attempt to capture. The individual may self-report an absence of prejudiced attitudes that may subsequently be measured with less obvious methods (Cunningham, Preacher, & Banaji, 2001). Cunningham et al. (2001) found that even among participants who self-reported nonprejudiced attitudes toward Black Americans, implicit measures (including the Implicit Association Test, requiring the participant to attach a positive or negative word to a black or white face) detected significant associations between “black” and “bad” and between “white” and “good”.

As early as the 1970’s, the subtle capacity of racism was being explored (Pierce, Carew, Pierce-Gonzalez, & Wills, 1977). A thorough collaboration between Sue and colleagues (2007) provided a clear picture of subtle racism defined as “microaggressions.” A microaggression is a sometimes subtle expression of prejudice or stereotype in the context of a supposedly casual exchange that serves to further marginalise the target. These microaggressions are found in perceptive interpretations of casual conversation, such as implying that someone who does not “look like you” must be a foreigner by

informing them that they speak English well. Another example would be to imply that other members of a person's ethnic group are not considered to be intelligent by referring to a particular individual as a credit to their race or by announcing that they are "articulate".

A microaggression may be found in an assertion of colour blindness. The term "colour blind" is used by the individual who feels that they are not capable of differentiating between other people based on their racial characteristics. Sue et al. (2007) describe this denial as a denigration of the individual, ethnic experience. It discounts the benefits of cultural diversity. This assertion is made by the individual who insists that they do not see colour when interacting with people. A microaggression could involve following a person of colour around a store or clutching one's purse implying that all persons of this ethnic group are criminals, or going to the extent of asserting that they cannot be racist because they have "Black friends," as if this immunises them from racist views or actions.

Assuming that a person was given preferential treatment based on belonging to a disadvantaged group is another form of microaggression. Drawing attention to a presentation of behaviour such as animated behaviour or quiet behaviour as abnormal based on it coming from a particular ethnicity is also a form of microaggression. An example of such is considering Black people inherently loud or an Asian person as inherently shy, capitalising on stereotypes to commit further microaggressions. Assuming a particular group as subservient or assigning superiority to a White person based solely on the colour of their skin can also be defined as a microaggression.

Finally, a microaggression is evident in institutions that mainly represent the dominant culture, such as universities that name their buildings exclusively after the



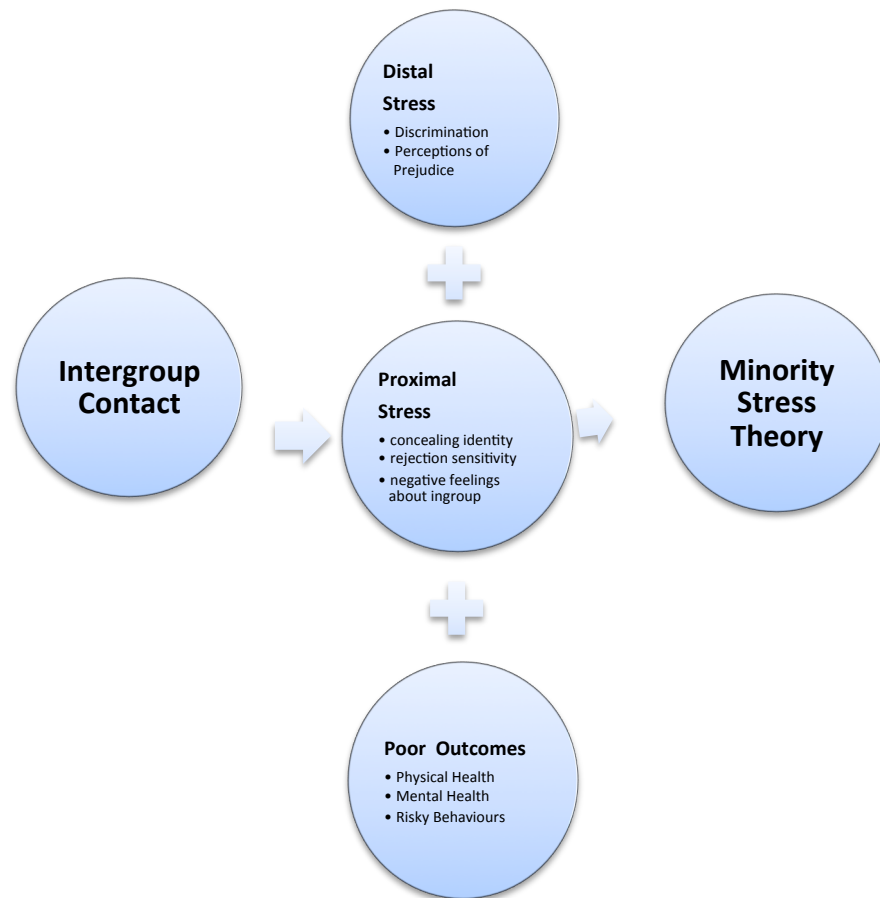
majority culture or television shows that predominantly represent White people. The practise of emphasising the successes of the dominant culture to the exclusion of the underrepresented ones promotes an environment of exclusion. These examples are not fully inclusive of microaggressions as defined by Sue et al. (2007), but provide a general idea of the intent of the distinction between overt racism versus subtle racism (microaggressions). My goal in this paper is to add to the discussion considering intergroup contact – friendly contact between individuals with different identity defining group memberships – as a prejudice reduction intervention but from the perspective of the marginalised minority, and in closing, explore a more bidirectional prejudice reduction approach.

## CHAPTER 2: THEORIES

I use the Minority Stress Theory as the framework for understanding the minority response to Intergroup Contact. Whereas the Intergroup Contact Theory asserts that positive contact between outgroup members serves as a method of prejudice reduction (Allport, 1954), the Minority Stress Theory maintains that this same contact has a negative impact on the minority in the form of increased stress and poor health outcomes (Meyer, 2003). The Cognitive Dissonance theory demonstrates how racism exists within this diverse environment and the Social Identity Theory explains the importance of the value assigned to group membership.

### Minority Stress Theory

The minority stress theory states that the marginalised minority is subjected to stressors over and beyond the stress experienced by majority individuals by virtue of the added effects of prejudice and discrimination (Wei, Ku, & Liao, 2011), with compromised physical and mental health outcomes as a consequence. Figure 1 below provides a summary of my proposal of a theoretical model for the manifestation of minority stress. Poor health outcomes – from the effects of distal and proximal stressors resulting from the intergroup contact environment – form the concept of minority stress. As such, the processes involved can be explained through the lens of the minority stress theory.



**Figure 1. Explanation of processes leading from Intergroup Contact to Minority Stress.**

Minority stress is separated into three parts: exposures to distal (external) stress (e.g., discrimination and perceptions of prejudice), exposures to proximal (internal) stress (e.g., the coping responses of prejudice and discrimination such as rejection sensitivity, concealing one's identity, and /or negative feelings of one's group), and the poor health

outcomes and behaviours for minority individuals in response to chronic stress (Pascoe & Smart Richman, 2009). Discriminatory policies, practises, attitudes and behaviours can claim responsibility for setting the stage for a trajectory of lifelong segregation for minorities. Exposure to discrimination – and the individual response to avoidance, devaluation, inequality-exclusion and/or threat/aggression – has implications that can last a lifetime (Contrada et al., 2000). Of concern: areas of segregation (e.g., housing, education, and the workplace), coping conflicts, and the consequences of these environments such as healthcare disparities are discussed below.

**Distal stress: external.** Discriminatory practices such as unequal allocation of resources lead to lack of access for youth with developmental disabilities, predicting a poverty pathway along the lifespan (Groce, 2004). Developmental disabilities take many forms and are characterised by diminished physical or mental development with the onset occurring before age 18 (Fisher, 2004). This minority group, comprising 1% to 3% of the Canadian population, have been treated to atrocities including living their lives in ‘asylums for the insane’ and more recently – but with as much stigmatisation – institutions where they have been subjected to horrendous living conditions, unnecessary medical procedures, overmedication, eugenics, forced sterilisation, and living a life of without access to the basic tenets of autonomy and dignity (Brown & Radford, 2003). Effectively, they have been tucked out of the sight of the “normal” public. Not only has the devaluing of persons with disabilities been seen throughout history, today individuals with disabilities continue to experience marginalisation across each phase of life (Fisher, 2004).

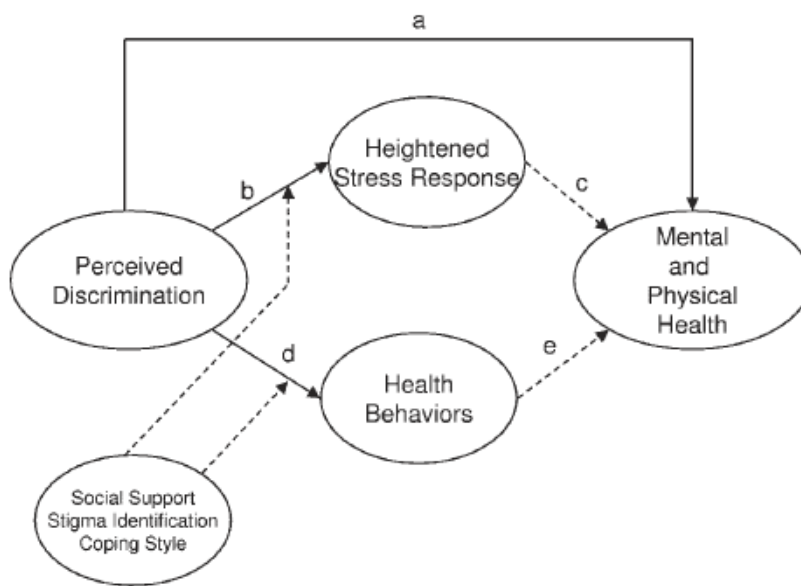
Housing segregation leading to early school segregation and high school segregation puts segments of society in the disadvantaged position of not having ready access to the social capital that forms from ongoing intergroup relationships (Pettigrew, 1985). Social capital refers to the access to resources that come from knowing the individuals who may have previously benefitted from such resources. This access may come from going to the 'right' school and knowing the people in the 'right' circles. Following the lack of access related to housing and education is the statistical reality of minorities occupying the lower status occupations.

**Proximal stress: internal.** The subtlety of discrimination prevalent today, as a consequence, presents a phenomenon of particular concern and is a precursor to internal confusion about the appropriate coping response (Richman & Leary, 2009). Richman and Leary (2009) detail the importance of the processes of recovery from perceived rejection or discrimination, for example. Unlike overt racism where the appropriate response may be well established, the response of an ambiguous incident may include a lack of surety about the intent of a statement or action, and therefore, discomfort in determining the appropriate, protective, coping response. Perhaps an individual, as a member of an ethnic minority, finds themselves perceiving rejection from an outgroup member; therefore expending the energy to decide whether this rejection is based upon personal characteristics versus group membership.

Coping responses have been identified as strategies activated when an individual perceives a threat (Carver, Scheier, & Weintraub, 1989). When needed, these responses often provide a buffer between discrimination and both physical and psychological

distress. However, in cases where the individual must spend time attending to the ambiguous nature of modern racism, the act of determining the necessity for self-protection may actually place the individual at a disadvantage (Fleming, 1981). This delay may be responsible for the previously protective properties of the coping response being now associated with being an additional stressor (Greer & Chwalisz, 2007). The coping responses associated with the ambiguous nature of modern racism/discrimination within the context of low-status group membership further exacerbate the minority stress effect (to be discussed later in this paper).

**Poor health outcomes:** Perceptions of discrimination are positively correlated with both stress and poor health outcomes (Veniegas, 1999). Whereas the emphasis has been on reducing the negative attitudes and behaviours of the majority group, these health disparities persist. Pascoe and Smart Richman (2009) set out to determine the strength of the relationship between perceived discrimination and mental and physical health as well as to find evidence for related pathways. What they found was that physiological and psychological stress responses to ongoing incidences of discrimination lead to increases in physical and mental health-related issues (see Figure 2 below).



**Figure 2.** Pathways by which perceived discrimination influences health outcomes. Solid lines indicate analyzed pathways; dashed lines represent pathways hypothesized by past research (Pascoe & Smart Richman, 2009).

Scheepers and Ellemers (2005) used experimental conditions to simulate high and low status groups and manipulated perceived threat. They confirmed that low status group membership predicted a heightened physiological stress response, in the form of elevated blood pressure, following an identity threat incident. There is growing concern about the minority stress process occurring over the lifespan, as chronic life stress has been linked to cardiovascular disease later in life (Low, Salomon, & Matthews, 2009).

A meta-analysis of 134 samples, contained within 192 studies, describes discrimination as a form of distal (external) stress on the recipient (Pascoe & Smart Richman, 2009). Pascoe and Smart Richman (2009) established that prolonged exposure to perceptions of discrimination equate to more harmful stress responses. They identified particular pathways between stress responses – specific to perceptions of discrimination –

and health responses. These health responses included both a reluctance to participate in healthy behaviours, such as health screening, as well as a propensity to engage in unhealthy behaviours, such as smoking and drug abuse.

The link between stress and chronic disease is well documented. Disease processes such as coronary heart disease, infectious disease, Alzheimers, cardio vascular disease, and multiple sclerosis have all been associated with chronic stress (Aznar & Knudsen, 2011; Bekkouche, Holmes, Whittaker, & Krantz, 2011; Bloom, 2009; Davis, 2011; Dedert, Calhoun, Watkins, Sherwood, & Beckham, 2010; Low, Salomon, & Matthews, 2009; Meagher & Welsh, 2010; Montoro-García, Shantsila, & Lip, 2011; Pedersen, Bovbjerg, & Zachariae, 2011; Reilly, Clark, Schmidt, Benight, & Kissinger, 2009). Researchers have validated concerns that stress is both implicated in the formation of disease as well as responsible for worsening the effects of ailments that lead to higher morbidity and mortality in high risk populations.

In their meta-analytic review – consisting of 192 studies – of the health outcomes of individuals subjected to minority stress, Pascoe and Smart Richman (2009) present the idea that the ethical considerations involved in employing experimental methods for measuring perceptions of discrimination make it difficult to make causal inferences. Creating emotional stress for the purpose of measuring the consequence remains outside of the current moral standard. However, the strength of the meta-analytic findings confirm the strong link between that of chronic stress related to perceptions of discrimination; and non-compliance with health screening; as well as risky behaviours such as drinking, smoking, and lack of condom usage.



Minority stress is an established by-product of being a member of any marginalised minority. The minority stress theory has been established as occurring over and beyond general stressful intervals in the life of a minority individual (Wei et al., 2010); unique, chronic and socially based (Meyer, 2003); and is used in an attempt to capture the stressors and consequences unique to minority groups. One may understand the unique properties that form the minority stress process by realising that membership in a marginalised group exposes the individual to situations where they are constantly alert to the possibility of discrimination. This awareness includes being on the alert to deciphering whether a discriminatory incident has occurred in order to activate the appropriate coping response (Contrada et al., 2000). Minority stress research extends to include several of the more visible minority groups based upon race/ethnicity, religiousity, disability, and sexual orientation/gender identity (i.e., LGBT – lesbian, gay, bisexual, transgender – community). Whereas minority status and perceptions of discrimination occur in relation to contact with a majority group, intergroup contact theory is pivotal in this discussion.

### **Intergroup Contact Theory**

The intergroup contact theory is well established as an intervention with the goal being prejudice reduction and decreased perceptions of discrimination. Allport's (1954) intergroup contact theory posits that contact with outgroup members predicts significant reduction of negative out-group perceptions. Allport's contribution also included the four optimal conditions needed for significant prejudice reduction. He deduced that for prejudice reduction to take place, the contact would need to occur in the context of the

groups having 1) equal status; 2) common goals; 3) an air of cooperation; 4) as well as the support of the relevant body of authority (Allport, 1954).

As early as 1947, intergroup contact was being touted as an intervention for diminishing discrimination based on minority group memberships such as ethnicity and religion. Williams (1947) considered cross-group tensions to be one of the more important issues of that time and championed the need for additional research in this area. By 1979, Serow and Solomon (1979) expanded on the intergroup contact research by determining that cross-group contact in the classroom along racial lines was more effective in environments where the authority figure (i.e., teachers) supported inclusion and diversity.

Today, the research has elaborated on such findings to include all minority groups and expands upon the elaborative opportunities including: the effect of intergroup contact generalising to other outgroups, the imagined intergroup contact, the differences between the effect of intergroup contact on different low and high status minority groups, as well as the difference between the effect of intergroup contact on low status groups versus high status groups. Further, the Tropp and Pettigrew (2006) meta-analysis found that although majority group membership predicted prejudice reduction (and to greater extents when the optimal conditions were present), there were no such findings for minority group members – ethnic or otherwise. More details follow in the section below on Minority Experience of Intergroup Contact.

Pettigrew (1998) attempted to bridge the gaps in Allport's (1954) original theory by tackling not just the intergroup contact effect, but also the "how" and "why" of its

effectiveness. Pettigrew (1998) uncovered four optimal conditions that lead to positive intergroup interactions: 1) increased knowledge of the outgroup; 2) subsequent change in behaviour thereby reducing dissonance through attitude adjustment; 3) reduced anxiety; and 4) a reappraisal of ingroup norms. These processes sparked further elaborative research exploring intergroup contact including interactions within the context of long term cross-group friendship.

Through a meta-analysis of over 500 studies, Pettigrew and Tropp (2006) synthesized 60 years of research on intergroup contact. This research has spanned such group memberships including those based on religion, sexual orientation, ethnicity, and social status. As such, it has consistently been found that intergroup contact predicts prejudice reduction even in situations where the optimal conditions were not observed. Whereas almost three quarters of the studies had at least three of the four optimal conditions; the authors found through conducting inverse weighted regression analyses, that no one condition strongly predicted the relationship between contact and prejudice reduction. They also found that the significant effect of all four conditions during contact on prejudice reduction may be attributed to the structure inherent to these studies. For example, they observed that the studies that were most likely to focus on the necessity of the presence of the optimal conditions were more likely to utilise superior measures of these variables, inhibiting the likelihood of making cross-study comparisons.

Later, an additional meta-analytic review of the research on intergroup contact assessed the mediating roles of anxiety, knowledge, and perspective taking on prejudice reduction (Pettigrew & Tropp, 2008). Pettigrew and Tropp (2008) demonstrated that

anxiety played a significant role relative to the cognitive processes involved in knowledge acquisition and perspective taking. Whereas the authors acknowledge the significant presence of other moderators and mediators linking intergroup contact to prejudice reduction, they considered their findings to be valuable as an indicator of affective processes (e.g., anxiety) taking precedence over cognitive processes (e.g., stereotyping) when considering prejudice reduction interventions.

Pettigrew and Tropp (2008) placed the importance on anxiety reduction as a precursor to interventions based on cognitive processes such as empathy inducement or promoting an emphasis on shared beliefs. The previous minority stress section provides an alternative account of the role of anxiety in intergroup contact. Specifically, I suggest that minority stress theory provides an explanation of the less than passive process through which the minority group member navigates the intergroup contact environment.

### **Intergroup Contact Theory: The Minority Experience**

As a prejudice reduction intervention in real world and experimental situations, contact research has proven itself to be highly effective. To date, however, contact and its effect on prejudice is approached largely with the majority group in mind. The results from the perspective of the minority have been understudied in favour of the significant effect on the majority group. I would like to dissect the information that is available with the goal of illuminating the effect of Intergroup Contact on the low-status group.

There is discouraging evidence of the effects of contact on the minority group. Some findings predict that contact has a non significant effect on the minority group as it pertains

to improving attitudes toward the outgroup (Vezzali, Giovannini, & Capozza, 2010). Other data suggest that positive intergroup contact is associated with the minority group underestimating the prejudiced behaviour of the majority group (Saguy, Tausch, Dovidio, & Pratto, 2009). The current work will explore these phenomena and its implications in light of the increase of more diverse environments where contact becomes frequent and inevitable.

**Contact is less effective for minorities.** While assessing minority versus majority intergroup contact within an Italian community, it was found that contact was not a significant determinant of improved perceptions of the minority group when considering the quality of the interaction (Vezzali et al., 2010). Vezzali and colleagues (2010) found that among the 68 Italian and 31 immigrant secondary school students, the quality of the contact within the experimental condition could not predict improved cognitive evaluations of the majority group. The authors indicated a belief that this result may be due to the frequent contact already experienced by the minority group outside of the test conditions to the degree that a high level of quality contact had been achieved prior to testing. That is, it is presumed that minority group members, by definition, generally have more frequent contact with majority group members prior to this testing environment.

Further, there are projects that find that neither quantity nor quality of contact effects change in the attitudes toward the outgroup member (Binder et al., 2009; Tropp & Pettigrew, 2005). Binder et al. (2009) conducted a longitudinal study of 512 ethnic minority participants and 1143 ethnic majority participants. These participants were secondary students from Belgium, Germany and England. They found that whereas their

data supported the idea that anxiety reduction was the mechanism by which intergroup contact reduced prejudice for majority group members, no such effect was found for the minority group. They discuss that perhaps feelings of anxiety are not responsible for negative attitudes of minority members for majority members. The discrepancy between the contact/prejudice effects for majority versus minority group members may be understood from several angles.

First, what we are measuring is the ability of contact to improve attitudes and behaviours. From the minority perspective – as detailed above – there has by definition already been some amount of contact previously. Therefore, the quantity of contact has the burden of having to surpass the contact levels previously obtained. Otherwise put, there is less room for a shift (i.e., the ceiling effect) using the standard parameters. Providing some support for this idea are the findings of Tropp, Hawi, Van Laar and Levin (2011), who were interested in whether contact in the form of close friendships with White students would predict lowered perceptions of discrimination between African American, Latino American and Asian American samples. They found that self-reported close friendships between majority group members and the lower status (minority) group members (African American and Latino American) predicted less perception of prejudice and lower inclination toward collective social action when compared to the higher status minority members (Asian Americans). Collective social action was operationally defined by the self-reported likelihood of signing a petition, participating in a demonstration, or voting in favour of their ethnic group.

Second, there is a difference in the encounters based on the possibility that the majority is more concerned with not being perceived as prejudiced, whereas the minority is more concerned with being seen favourably by the majority group member. As such, a change in attitudes and behaviour on the part of the minority group member is less relevant to prejudice reduction interventions. Plant, Butz and Tartakovsky (2008) found that similar to the Black/White interaction, the Hispanic/Non-Hispanic White expectation of intergroup contact was characterised by feelings of anxiety for the majority group member, whereas feelings of anger predicted the avoidance of intergroup contact for the Hispanic participant. These findings further emphasise the importance of recognising the divergent processes at play for the minority group member versus the majority group member.

**Contact makes minorities less in tune to discrimination.** Not only has intergroup contact research found that contact is less effective as a positive intervention for the minority group, it also seems as if interaction with the majority group may illicit an unrealistic expectation of cross-group equality (Saguy et al., 2009). A consequence of this perception is more harmful than it may seem on the surface. Saguy et al. (2009) found that this expectation served to shift the focus away from actual discriminatory practises.

Saguy and colleagues (2009) manipulated a discriminatory environment by assigning participants to advantaged groups and disadvantaged groups. The advantaged group consisted of participants with course credits to share, whilst the disadvantaged group consisted of participants with the less coveted marbles to share. Participants were encouraged to focus on commonalities rather than differences in the face of obvious

inequality in the form of uneven power over the distribution of course credits. The researchers found that the disadvantaged group, when induced to focus on between-group commonalities, perceived the interaction in largely optimistic terms (Saguy et al., 2009).

Saguy et al. (2009) extended the research beyond experimental conditions in a second study to include Arabs in Israel – whereas Arabs are cast into the disadvantaged role – to utilise the Arab/Jewish relationship in determining if the same effect would be present. Again, a positive interaction was made salient through a focus on cross-group friendships. These friendships were encouraged by emphasising similar interests, by the naming of the groups, and by the wearing of coordinating t-shirts. What they found was that while increased positive intergroup contact predicted improved intergroup attitudes, it also predicted diminished support for social change (Saguy et al., 2009).

Both the quality and quantity of contact provide an environment for minority group members to be less aware of discrimination (Dixon et al., 2010). The conclusions above were supported within African American and Latino American populations, where the effect of positive intergroup contact diminished community action within these groups (Tropp et al., 2011). The longitudinal investigation of Tropp et al. (2011) confirmed that having White friends predicted diminutions in both perceptions of discrimination as well as ethnic activism. This propensity places minorities at a social disadvantage when attempting to gauge intergroup relations as well as when you consider the importance of community action when social improvement is desired.



Similarly, research addressing the European majority and Indigenous minority in New Zealand found intergroup contact to be predictive of the minority being less likely to consider their heritage as the main culture of Australia (Sengupta, Barlow, & Sibley, 2012). Sengupta et al. (2012) contemplated the ongoing presence of discriminatory practises and prejudiced behaviours in the face of the growing opportunities for intergroup contact. They questioned the place of the Intergroup Contact Theory as the front runner in prejudice reduction research while weighing the differences between perceptions of positive interaction and the actuality of persistently disadvantaged ideologies. Results were extracted from a national survey comprised of 1.36% of registered voters. Of the total responses (16.6%), the data analysed was based upon those respondents who filled out the ingroup and outgroup friendship questions. Ingroup contact refers to contact between members within the same group membership. The total sample size turned out to be 3774 from the European group and 944 from the indigenous group; roughly similar to New Zealand's ethnic makeup.

Sengupta et al. (2012) found that for the Indigenous minority, outgroup contact predicted a higher comfort with the status quo of inequality; whereas, for the European majority, outgroup contact predicted higher attitudes of inclusion. Conversely, ingroup contact buffered this effect for the Indigenous minority by strengthening support for the Indigenous culture; whereas, for the European majority, ingroup contact provided a pressure toward acceptance of the status quo of inequality.

Therefore, simultaneous to the positive effect of intergroup contact on the majority group, the minority experience is of significant interest. It was found that even within a

discriminatory environment – where the ethnic minority is, both, less equipped to detect racial slights and less likely to engage in collective activism (Saguy et al., 2009) – the minority group finds itself at a disadvantage. The existence of institutional, interpersonal and internal racism exemplifies the problems associated with the mental disarmament of low status groups resulting from intergroup contact.

### **Theoretical Perspectives on the Minority Experience of Intergroup Contact**

Intergroup contact involves interaction with members outside of one's group and comes with its own host of inherent challenges. The purpose of this section is to examine racism as it exists today within the framework of cognitive dissonance as the "why" it remains as a subconscious process that forms the root of modern racism. Additionally, I will draw on the social identity theory to explain the "how" of the minority response to low-status group allocation. Together, I present these theories as a backdrop for the manifestation of minority stress as inherent to the intergroup contact experience.

**Cognitive dissonance theory.** In light of the persistence of discriminatory environments, it is of interest to explore the possibility of the underlying conflict negating the apparent desire for equality on the part of the dominant/majority group members. Although not publically acceptable, racism may still form part of a person's subconscious inclinations. Cognitive dissonance is the psychological conflict that occurs when underlying attitudes do not match desired behaviours (Festinger, 1957). Festinger's (1957) theory included the idea that the individual's need for consistency between their beliefs and actions encourage an environment for reducing the discomfort caused by inconsistencies.

Principles of the theory include the idea that 1) an individual experiences mental conflict when making a statement that is contrary to their personal belief; 2) their level of internal conflict is affected by the pressure associated with the reason for making the contrary statement; 3) the final level of conflict can be measured by adding the degree of the false statement to degree of the reward for doing so; and 4) one method of reducing discomfort would be by justifying the position (e.g., A smoker who knows that smoking is bad for their health may point out far more likely scenarios than dying of cancer) or with denial of its existence (e.g., A racist denying being so – eliciting a change in behaviour rather than a change in belief).

This theory was presented at the time in abstract terms, but confirmed by research findings a short time later (Festinger, 1959). Participants were required to complete an extremely boring, repetitive task over the course of an hour. Following this task, they were assigned to groups of very low reward (i.e., \$1.00) versus significantly higher reward (i.e., \$20.00) as compensation for reporting an extremely favourable synopsis of the task to an individual presented to the participant as about to do the testing. Finally, the participant was subjected to questioning to determine to what degree they will relay the task as at all enjoyable. The researchers found that those who were offered the lower compensation were less likely to lie successfully – with more psychological discomfort – demonstrating a belief shift through a favourable report of a task manipulated to be unfavourable.

The results confirmed two of the theory's assertions. First, that an individual is likely to shift their opinion to be more in line with their words or behaviours. And second, that the larger the compensation for doing so, the less likely the individual is to feel

conflicted by the inconsistency between their words and beliefs, with there being less of a shift of the underlying opinion. That is, the lower the compensation/reward/benefit for making a statement that is inconsistent with their belief, the greater the chance that they might shift their original view.

Using Festinger's theoretical assumptions, the greater the pressure to conform, the less likely it is that the individual is to experience the discomfort inherent to behaviours not matching a person's beliefs, therefore, the less likely the individual is to change that belief to minimise discomfort. This discomfort is known as "dissonance", and provides an explanation for an environment where the cognitive conflict may not be evident to its host. In contrast, the presence of the conflict is likely to be vehemently opposed (Eisenstadt & Leippe, 2005). Therefore, although not publically acceptable, racism may still form part of a person's subconscious make-up while affecting their thoughts and behaviours.

Wilson, Lindsey and Schooler (2000) use the term "dual attitudes" to describe instances where a person has a habitual evaluation based on childhood learning versus a constructed evaluation based on adult preferences that may be more consistent with egalitarian values. Childhood learned attitudes (e.g., racism) are later layered with attitudes consistent with what is desired by the host (e.g., diversity), but the underlying attitude persists and remains in conflict with the attitude that is at the more conscious level. Implicit measures are utilised to capture the underlying attitude – such as the Implicit Association Test of racist attitudes through the assignment of negative or positive language to White or Black faces (Cunningham et al., 2001). Conversely, explicit measures are used to capture the attitude that is most easily accessible by the host – such as the Modern

Racism Scale, which requires the participant to agree or disagree with attitudes that Whites may or may not have about Blacks on a 6-point scale (Cunningham et al., 2001). “Dual attitudes” is a version of cognitive dissonance that also provides insight into how prejudice and discrimination persist in a society where these attitudes and behaviours are both publicly frowned upon and largely denied.

The environment of subconscious racist beliefs found within South Africa under their Apartheid regime considered the acknowledgement of cognitive dissonance as the force required to expose and deal with the inherently challenging work of affecting real change (Gibson, 2004). Gibson’s (2004) assertions included the idea that the ideals of the Truth and Reconciliation Commission (TRC) would lead to the necessary acknowledgement of the past in order for the perpetrators and victims of oppression to meet in the middle and move forward with common goals.

Under the change to majority rule (i.e., Black South Africans), there was an uncovering of the atrocities that occurred under the minority rule (i.e., White South Africans). With these historical events and with increasing and prolonged contact between Black and White South Africans that had previously been unheard of, there was an expectation of a release of unfounded beliefs about the other group in response to the stress of confronting the realities of cognitive dissonance. This confrontation took place in the form of a documentation of the atrocities of the Apartheid era, which was the responsibility of the Truth and Reconciliation Commission for 5 years from 1995 onward. This process was to lead to healthy beliefs about the range of cultural expectations for all South African races.

As such, the contact between the majority low status group and the minority ruling class involved more than the interaction of passive intergroup contact. Real and immediate healing was necessary as a majority group attempted to emerge from a position of the low status group. Social identity theory provides insight into understanding this process within the intergroup contact context.

**Social identity theory.** The social identity differs from the personal identity in that the personal identity is conceptualised as how one is different from others, while the parameters of social identity are determined by how one finds oneself to be similar to other members of the same group (Hogg, Abrams, Otten, & Hinkle, 2004). The concept of the social identity emerged as a response to the conceptual gap between personal identity versus the mob mentality (Operario & Fiske, 1999). Contributing to and expanding on the work of Sigmund Freud's explanation of human behaviour, Erik Erikson was instrumental in taking the focus from exclusive research in the area of the development of the child – indicative of the Freudian view – into the new era of human development, with an emphasis on understanding the human condition over the lifespan. By recognising that growth continued outside of the youth context, a new and vast field of study emerged.

In summary, Erikson's work included a thorough breakdown of stages based on age stages with the related terminology. Erikson recognised that when the adolescent to young adult passage was blurred by indecision, "role confusion" ensued (Salkind, 1985). He also spoke of the interaction between identity and society in adolescence, and maintained that the less structure a culture has, the more difficult it would be for the adolescent to forge a kind of mature personal identity (Evans, 1967). Erikson's position is consistent with the

lifecourse model in that his stages begin before and extend beyond the parameters of post-adolescence, plus recognise different developmental pathways to old age. Using his developmental theories, researchers have gone on to test concepts such as trust, identity, and ego integrity (Sneed, Whitbourne, & Culang, 2006). Sneed et al. (2006) found

distinct developmental trajectories across young and middle adulthood in each of the core stages consistent with Erikson's prediction that the timing of the ascendancy of these stages would be unique to each one even though they share the underlying dynamic of being located at the core of the self (p. 154).

Alternatively, LeBon and McDougall, both contemporaries of Freud, wrote of the "Group Mind" in the late 1800's to the early 1900's, at a time when the emphasis had previously been on the individual (Wegner, 1987). Similar to the social identity concept today, the group mind concept recognises the individual, but as a by-product of its interaction within its group membership; and sees the behaviours of the group members as unique to group behaviour in that the individual acts as a part of a group rather than consistent with their normal personal inclinations (Freud & Strachey, 1975). Today, evidence of the group mind process may be found in studies of phenomena such as the bystander effect, where the individual is less likely to assist someone in need when they observe other people around; or found in theory relevant to riot type behaviour, where individuals are propelled by group adrenaline and less in tune to their personal ethics. In the 1970's, the Social Identity Theory emerged.

The main author of the Social Identity Theory was Henri Tajfel and, later, his colleague John Turner. The Social Identity Theory posits that 1) we derive our sense of identity from group membership; 2) we are motivated to show bias for our group when given the opportunity; and 3) we want our group to be seen in a positive light (Tajfel & Turner, 1979). The low-status group is defined in terms of the stigma related to their position and the coping responses that they employ.

Three coping mechanisms related to a low status designation were identified (Tajfel & Turner, 1979). “Individual mobility” includes the attempt to distinguish oneself as belonging to a higher status group, with some effort. “Social creativity” refers to the individual either adjusting the parameters of the between group comparison to be in their favour, or ceasing to compare the two groups all together. The final coping mechanism might be an attempt to raise the group above the other through “social competition” in an effort to alleviate, not just themselves, but their entire group.

Tajfel and Turner (1979) included the results of earlier studies on group processes. They had found that within an experimental condition – they assigned both adults and children to groups arbitrarily – the participants made decisions in favour of their group. The participants were no more than letters and numbers identifying their membership status, therefore, there was minimal group cohesion. Still, under these conditions, the participants compensated teammates thereby showing a preference for ingroup members and discriminating against outgroup members. This phenomenon provides insight into the pervasive nature of ingroup bias as taking place entirely in the absence of conflict.



The Social Identity Theory is responsible for providing a framework for predicting and explaining certain processes that occur within a group and between different groups (Bettencourt, Charlton, Dorr, & Hume, 2001). It asserts that we gather part of our sense of self from our interactions and placement within a salient group membership, that we show bias for this salient group, and that we allow outgroup impressions of our group membership to impact our sense of self. The meta-analytic work of Bettencourt and colleagues (2001) of 92 studies found that the social identity theory posed greater predictive strength for the high status group than the low status group in that they derived a greater sense of self from their group membership, they showed greater bias for their group, and had a higher positive impression of their in-group relative to the low status group. These findings make ingroup salience more important as a variable for determining to what extent the social identity theory may predict the attitudes and behaviour of a low status group member. That is, this theory has greater predictive strength when the low status member identifies more strongly with their in-group.

Social identity holds certain importance when you consider that, overall, groups perceive social input differently based on their group membership (Miles & Kivlighan, 2012). Miles and Kivlighan (2012) found that the members of the minority groups were more likely to perceive significant shifts in the tone of the group dialogue, whether the shift was toward higher levels of intergroup conflict or the shift was toward lower levels of intergroup contact. This study involved bringing together contrasted groups such as: Black men/Black women; LGBT/heterosexual; and Black people/White people. The makeup of the group discussions were based on combining two groups that were involved in general

social conflict contemporary to this work. There were two facilitators per discussion group who represented one of each group and were trained to provide shifts on the discussion to raise or lower the levels of between-group conflict. These findings provide an explanation for the differences in the societal perceptions of current racial climate based on the social identity salient to the members.

In the study above, Miles and Kivlighan (2012) equated the lack of knowledge of shift in the tone of the discussion with the idea that members of the dominant group may not perceive actual racial tensions. Additionally, Scheepers and Ellemers (2005) found that members of the dominant group actually experienced a physiological response to a threat to their high status group's dominant placement in the form of increased blood pressure. Together, these ideas emphasise the motivation of the high status group to maintain the status quo, notwithstanding a deteriorating minority experience across the minority's lifespan. For example, the chronic nature of minority stress resulting from intergroup contact may lead to a worsening health outcome the longer the awareness of low status group membership exists.

A study of 745 African American youth found that not only had 88% of these youth experienced discrimination, but that these experiences occurring by age 10 or 11 predicted risky sexual behaviours by their late teens (Roberts et al., 2012). The findings of Robert et al. (2012) amplify the importance of measuring the effects of discrimination over the lifespan as a public health issue. Ruck, Park, Killen and Crystal (2011), in a study of 129 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grade low income African American and Latino students, found that the participants with higher levels of intergroup contact were more aware of the unfairness of

exclusion based on race/ethnicity than those students with low levels of intergroup contact. This early exposure to the chronic nature of exposure to stress based on one's group membership sets the stage for a lifelong battle with the disadvantages of minority group membership.

This section has provided the theoretical backdrop for describing the mechanisms by which the minority stress theory might explain the minority response to intergroup contact. In doing so, I have employed the dissonance theory and the social identity theory to make sense of the relationship between intergroup contact and minority stress. The dissonance theory suggests that the considerable social pressure to conform to diversity standards may explain the continued evidence of perceptions of prejudice. The social identity theory contributes by detailing the personal risk to the individual as a part of a low status group. The following chapter elaborates on the specific contexts of minority stress today.

### CHAPTER 3: THE CONTEXT

#### **The Minority Experience of Intergroup Contact: Within context**

The importance of considering the relevance of context and the experience of the person from the low status group is highlighted by the work of Van Laar and colleagues (2010). Their findings were that 1) minorities underperform in the majority dominated environments such as work and school; 2) minorities who experience discrimination are under motivated within high status domains; and 3) low status group members tend to have heightened awareness of domain specific perceived inadequacies. The impact of this interaction is that low status group members measure lower on self-esteem scales specific to the tasks required in these environments. Van Laar et al. (2010) consider the threat to the social identity of individuals in the low-status group within the domain of the high-status outgroup to result in not only “lower well-being but also in lower (self-reported) motivation and actual task performance” (p. 11).

The goal of this section is to position the principles of the minority stress theory as they occur within the minority group membership. I will explore this phenomenon as a process that occurs necessarily as the minority individual ventures from the presumed safety of family and community into major environments where one must navigate minority membership within an environment that is based on the values of the majority group. I will look at research specific to minority stress found in the post-secondary setting as well as in the workplace.

Minority stress stems from knowledge of low-status group membership and perceptions of related discrimination; therefore, I enlist the assistance of the Social Identity Theory in understanding this process. I explore the literature around perception of prejudice as well as the effects of discrimination for minority group members. Note that there will be some overlap between the post-secondary and the workplace environments. I persisted with separating these settings as a means of acknowledging the differences in the expectations assumed from these different environments as well as differences in stress pathways. To start, the post-secondary setting – however stressful – is considered an environment of finding oneself within the context of learning and sharing; whereas the employment sector, also a potentially stressful environment, is a long-term setting with professional expectations tied to the expectation of generating income. In an attempt to acknowledge the pervasive impact of minority stress as a by-product of intergroup contact over the lifespan, I will look at the research relevant to: first, minority stress and education; and second, minority stress in the workplace.

**Post-secondary setting.** For those individuals belonging to the minority group, the post-secondary setting may be less than the enlightenment that is expected of that environment. A diverse range of students are increasingly recruited for a variety of reasons (e.g., the appearance of, or move toward, diversity as well as financial gain related to the higher tuitions of international students) whilst the university, a microcosm of the larger community, is not more than an institution with the prejudices contained within the broader community. Vaccaro (2010) explored the concept of White male privilege and its influence on a college campus through qualitative analysis of 1,450 participants; finding

that, notwithstanding diversity initiatives, there remained racism and sexism and a resentment of these same initiatives.

However, the college campus is a salient environment as a continuation of the formative years as defined by the elaborative work of Arnett (2000). Arnett (2000) expanded upon the developmental theories of Erikson to provide a current context for extended adolescence, which Arnett termed “Emerging Adulthood”. As previously discussed, Erikson’s work included a thorough breakdown of stages based on age stages with the related terminology. He also spoke of the interaction between identity and society in adolescence, and maintained that the less structure a culture has, the more difficult it would be for the adolescent to forge a kind of mature personal identity (Evans, 1967).

In response, Arnett (2000) performed a comprehensive review and analysis of the developmental stage that is apparent between adolescence and adulthood. Arnett (2000) attempted to make sense out of an apparently new demographic found in industrialised or western societies while defining the period between adolescence and adulthood, roughly between the ages of 18 and 25. One third of emerging adults continue on to college directly after high school (Arnett, 2000), as such, the traditional college and/or university age has been identified as a time of continued identity formation.

There is an expectation that the academic environment houses a level of collective knowledge to transcend the careless reproduction of negative influences within the larger communities. Notwithstanding this expectation, according to the National Center for Education Statistics (2003), the graduation rate in the United States for minority students

between the years 1997 and 2002 from historically Black colleges/universities was 87%, whereas the graduation rate for the same demographic of students from predominantly White colleges/universities was 9%. These percentages highlight the need to identify the source of academic disparities found in the higher learning environment.

Using qualitative methods, Fleming (1981) found a trend highlighting the difference between the coping styles of Black students attending predominantly White colleges and universities as being of the passive type (i.e., characterised as avoidance) versus the coping styles of Black students attending historically Black colleges and universities as being the active type (i.e., characterised by the propensity to communicate). These coping types are of relevance to these environments when considering the findings of the meta-analytic review of 192 articles from 1986-2007 (Pascoe & Smart Richman, 2009).

Pascoe and Smart Richman (2009) found that within the 26 effects measured (within seven articles that addressed the link between stress related to perceptions of discrimination and negative mental health outcomes), one effect predicted a buffering result between the passive coping style and negative mental health outcomes, and one effect predicted a buffering result between the active coping style and negative mental health outcomes. However, four effects predicted an increase in negative mental health outcomes where the passive coping style was employed when compared to zero effects predicting an increase in negative mental health outcomes in cases of active/communicative coping styles. These correlations would explain the differences between the academic success for Black students attending predominantly White colleges and universities versus that of Black students attending historically Black colleges and

universities. This disparity is explained if looked at through the lens of the likelihood of increased perceptions of discrimination and based on the coping styles employed.

Within the post-secondary setting, there are stressors inherent to this environment. However, the added effect of minority stress upon individuals with a compromised social identity may lead to further increases in risky sexual behaviour, alcohol and drug consumption, as well as episodic stress events that can be detrimental to the future mental health status of the individual (Pascoe & Smart Richman, 2009). A review of 53 studies confirm a positive relationship between perceived discrimination and health related issues (Williams, Neighbors, & Jackson, 2003). Williams et al. (2003) found that stressors related to perceiving discrimination predicted an increase in poor mental and physical health outcomes, as well as poor health related behaviours. These health issues make the minority stressors inherent to the intergroup contact scenario of particular concern on a university campus.

Outside of concern specific to the stress process, Aronson and Inzlicht (2004) determined in a study of 24 Black and 22 White college students that vulnerability to stereotype predicted lower levels of academic consistency. Black participants with higher levels of stereotype vulnerability had lower levels of academic confidence than Black and White participants with lower levels of stereotype vulnerability (Aronson & Inzlicht, 2004). Stereotype vulnerability was measured using the Race-Based Rejection Sensitivity scale and the Self-Efficacy for Self-Regulated Learning Scale was used to measure academic confidence.



Similarly, these findings were duplicated with 146 female students on the science, technology, economics, and mathematics track – areas traditionally stereotyped as male dominated fields (Ahlqvist, London, & Rosenthal, 2013). The participants filled out a questionnaire at the beginning of their first semester and a supplemental survey up to 14 times during their first academic year. A final questionnaire was completed at the start of the second academic year. Ahlqvist, London and Rosenthal (2013) confirmed that high levels of gender specific rejection sensitivity had a negative correlation with academic achievement.

**Workplace setting.** Over the lifespan, another major environment where a minority individual may find oneself is that of the workplace. This environment is wrought with opportunities for the low status group member to either feel valued or, alternatively, marginalised. Concerns around minority stress in the workplace include job burnout and employee turnover (Deery, Walsh, & Guest, 2011), employee mental health issues (Taylor, 2010; Waldo, 1999), as well as the threat to the interests of the running of the multicultural workplace (Pasca & Wagner, 2011; Taylor, 2010).

The stereotype threat (Steele & Aronson, 1995) maintains that performance suffers as a result of knowledge of negative stereotypes in relation to working within a majority environment. In a sample of 166 African American professionals, Roberson, Deitch, Brief and Block (2003) found that when minority status was made salient by virtue of a largely majority setting, job performance was affected by making the African American employee both less likely to seek out feedback and also less likely to believe feedback from superiors once offered. The authors further suggested that the strength of the relationship between

stereotype threat and its negative impact is evidenced by the lack of minority representation in higher positions within the workplace.

Minority status based on gender/sexuality becomes the focus in the workplace as stereotypes and discrimination is navigated. Meyer (2003) discussed the stigma attached to being a member of the LGB (lesbian, gay, bisexual) community as a consequence of the official classification of homosexuality as a mental health disorder. He reviews the evidence to the contrary, leading to the reframing of the issue of higher incidences of mental health problems from being due to the minority stress process. Whereas the declassification of homosexuality as a mental disorder occurred in 1973, the stigma remains as a result of issues such as rejection expectations, internalised homophobia, and stresses of the decision making process related to concealment vs. disclosure; culminating in higher suicide concerns (Meyer, 2003).

The minority stress concept, as a construct specific to the workplace, diverts from occupational stress models in that it takes into account the social and interpersonal factors unique to minority membership (Pasca & Wagner, 2011). Research applying Intergroup Contact Theory to the workplace is centred around diversity training (Paluck, 2006) and social inclusion (Novak, Feyes, & Christensen, 2011). These methods focus on the impact of intergroup contact on the majority group. I am suggesting that inherent to intergroup contact is the effect on the minority group member that manifests as poor physical and mental health.

First, the question of social identity is linked to how others perceive our group from the outside looking in as well as how we perceive our group and our standing within it. Our sense of value is intrinsically linked to our social identity and the social identity theory attempts to explain and predict the phenomenon of behaviour from the paradigm of a group membership. The social identity theory posits that our individual goal is to achieve a positive group identity (Luhtanen & Crocker, 1992). To this end, we aspire to belong to a group that is considered of value in comparison to outgroups. As such, knowledge of group membership is of particular weight on top of the stressors inherent to the workplace environment.

The effect of the struggle consistent with the coping strategies postulated within the Social Identity Theory may be characterised as an attempt to place oneself in a positive light relative to one's perception of the outgroup. The degree to which this constant vigilance presents a challenge for an individual is a product of where they place on a social identity scale. Their level of identification with their group (social identity) will affect the level of bias they show for their own group as well as set the stage for the importance of interpersonal well-being as a function of their perception of how the outgroup views their group membership.

Identifying as a low-status group is the recognition of a less than positive group identity and brings with it the behaviours associated with a perceived threat to the social identity of the minority group member. As the minority employee navigates this environment with full knowledge of the low-status designation of their visible minority status, as well as fielding the negative stereotypes associate with one's group, these

behaviours may become the manifestation of physical health (e.g., blood pressure) and mental health related illnesses (e.g., anxiety and depression; Williams et al., 2003). The workplace is a mainly daily experience. When one is a part of a socially or biologically constructed group wrought with negative stereotypes, the pressure is constant to project oneself as better than that prejudiced impression.

Navigating employment and education institutions can be problematic for the minority group member. As already stressful environments, coping with institutional and interpersonal challenges contribute to the ongoing, negative effects of intergroup contact on the individual based upon low status group membership. The following section contains a shift away from prejudice reduction as an intervention and toward the eradication of the low status group designation through practical applications of cultural humility.

## **CHAPTER 4: New Directions**

### **Cultural Competence vs Cultural Humility**

The problem associated with using intergroup contact as the standard for prejudice reduction is its unidirectional nature. Notwithstanding the successes of the measurement of positive attitudes from the perspective of the dominant group following intergroup interaction, the minority stress theory provides an explanation of the negative health consequences for the minority group. Whereas the dominant group is motivated to maintain the status quo, whether consciously or subconscious, the low status group member is pulled toward improving the displaced social identity.

The pressure of living as a minority and the lack of action on the part of the majority to foster an intentionally non-harmful environment, is serving to further exacerbate the effects of the stressors inherent to living as a low status group member. The pressures manifest as poor physical and poor mental health outcomes. As evidenced by the persistent disparities due to discriminatory practises, attitudes and behaviours, there is a gap in the prejudice reduction research that involves solution oriented inclusion of the majority group. Consequently, the responsibility for present day anti-discrimination interventions should necessarily exist in a bidirectional way in order to effect positive change.

In response to the significant inequities between the experiences and outcomes for minority individuals versus the experiences and outcomes for majority group members, the medical community has led the way in attempting to bridge the gap between intent and actual results when it comes to serving a diverse population. In an effort to improve the

numbers related to health outcomes for minority populations, the medical environment has narrowed the root problem down to biases that are held by medical personnel about outgroup members, and has been proactive in finding a solution that may be quantified by improved minority health outcomes. Considering the consequences of intergroup contact as the manifestation of minority stress, I would like to compare the effectiveness of Cultural Competence and Cultural Humility as interventions considered valuable to the future successes of the intergroup contact experience, in and out of the clinical setting.

### **Cultural Competence**

Cultural Competence has been largely discussed within the healthcare domain (Saha et al., 2008), recognising the multiculturalism found within the medical arena of increasingly diverse communities. The movement toward Cultural Competence makes it the responsibility of the practitioner to acquire a level of awareness of the cultural expectations and practises according to the needs of the patient. In contrast to the passive approach of putting people of different backgrounds together and requiring assimilation, Cultural Competence is a process of conscious action on the part of the majority group member in a way not seen prior in the prejudice reduction literature.

An early, pivotal work around the defining and implementation of Cultural Competence organised the components into three parts: attitude/beliefs, knowledge, and then skills (Sue et al., 1982). See figure 3 below for specifics related to these 3 components.

**UCSD CROSS-CULTURAL FAMILY MEDICINE TRAINING PROGRAM**

CONCEPTS	SKILLS	KNOWLEDGE
<ul style="list-style-type: none"> <li>• <b>Culture forms an important part of the identity of every patient</b></li> <li>• <b>Communication of cultural understanding and respect is an essential tool in forming an alliance with a patient</b></li> <li>• <b>Culture-related stresses are known to induce illness</b></li> <li>• <b>Health beliefs affect patient understanding and acceptance of care</b></li> <li>• <b>Culture-related behaviors affect patient implementation of care plans</b></li> <li>• <b>Nonverbal and verbal communications may differ in meaning by culture</b></li> </ul>	<ul style="list-style-type: none"> <li>• Spanish language proficiency at least to the extent of being able to conduct a patient interview and physical examination in Spanish</li> <li>• Ability to communicate an understanding of a patient's culture as a means of strengthening the patient-physician relationship</li> <li>• Ability to elicit the patient's understanding of illness or health problem</li> <li>• Ability to recognize culture-related health problems</li> <li>• Ability to negotiate a culturally relevant care plan with the patient as a therapeutic ally</li> <li>• Ability to interpret patient verbal and nonverbal behaviors in a culturally relevant manner</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge of common foods and their nutritional composition of different cultures</li> <li>• Knowledge of family structure and the roles of family members of different cultures</li> <li>• Knowledge of traditional health beliefs and practises of different cultures</li> <li>• Knowledge of the effect of religion on health beliefs of different cultures</li> <li>• Knowledge of predominant cultural values of different cultures</li> <li>• Knowledge of attitudes and customs surrounding death in different cultures</li> <li>• Knowledge of the significance of common verbal and nonverbal communications of different cultures</li> <li>• Knowledge of common cross-cultural tensions experienced by different cultures living in the United States</li> <li>• Knowledge of symptoms of "culture-shock syndrome"</li> </ul>

**Figure 3.** The University of California, San Diego developed this model of the concepts, skills, and knowledge required to deliver culturally sensitive patient care (Kristal, Pennock, Foote, & Trygstad, 1983).

Later, Cross, Bazran, Dennis and Isaacs (1989) identified and presented to mental health care professions a continuum with which cultural competence exists from “cultural destructiveness, cultural incapacity, cultural blinding, cultural pre-competency, cultural competency, [to] cultural proficiency” (p. 15). The medical field was motivated to address the gap between the physician’s medical proficiency and the physician’s diminished effectiveness first with a person-centred philosophy, and later, this push toward cultural competence (Saha et al., 2008). Saha et al. (2008) trace this evolution and point out its later adoption by broader government and human resource departments.

Cultural competence as an intervention within a cross-cultural interaction has been expanded from the medical field to humanitarian work. Cheng (2007) documented the humanitarian efforts of 10 Taiwanese professionals including nurses, physicians, an evangelist, pastors, and nonprofit organisation administrators as they ventured into remote, unfamiliar regions of Taiwan. Using observational and interview methods, this research added to the understanding of the cultural competence process by exploring the developmental nature of cultural competence in practise. The musing included an elaboration of the first through third components (e.g., beliefs, knowledge, and skills) of the intervention process as beginning with an openness to a change in perspective, moving on to cultural knowledge acquisition, and finally to enlisting the skills required to carry out a job in an enlightened manner. Additionally, extended exposure to the outgroup/other culture predicted a greater likelihood of the participant successfully navigating the transformative process.



There is an application for this thinking on broader terms. Using the principles for the development of cultural competence is an opportunity for society as a whole to recognise themselves as one of many in a broader context. That is, to recognise that their beliefs and values may be different but not of more value than that of another. Designing cultural competence interventions involves the integration of four major concepts: an awareness of our own worldview, a positive attitude toward diversity; a working knowledge of other particular worldviews, and the skills to interact effectively with people from cultural backgrounds unlike our own (Abrums & Leppa, 2001).

Relevant to minority group interests, the cultural competence concepts are fully transferable to previously discussed ingroup/outgroup dynamics (Abrums & Leppa, 2001). Abrums and Leppa (2001) included in the discussion of cultural competence group memberships such as those based on gender and sexual orientation in the course of training nurses. They summarised a cultural competency course for nurses that spanned a 10 week period. The class averaged 40 students, 80% White and 90% female. The course began with a discussion of there being a nursing culture and increased in intensity over the 10 weeks to include talks about racism. By the end of the term, White students were declaring a wealth of new knowledge and minority students indicated that the class climate became one of finally feeling 'heard'.

Unfortunately, the scope of the task of developing of a knowledgebase for all cultures is prohibitively broad. The magnitude of the task virtually renders Cultural Competence impossible to obtain. As such, we explore Cultural Humility as a process of the majority group member interacting with minority group members.

## **Cultural Humility**

A departure from Cultural Competence, Cultural Humility relies less on the ability to learn as much about the intricacies of other cultures and more on allowing the outgroup member the opportunity of telling their own story (Tervalon & Murray-Garcia, 1998). This approach allows the majority group member in general, and physician in particular, to rely less on (1) having a vast knowledge of all other cultures; and (2) stereotypes and assumptions about different cultures. This model of interacting with outgroup members requires less knowledge of other cultures and more knowledge of self; including recognising one's own biases. In the context of the medical personnel/patient relationship, biases refer to ideas that a medical professional may have about a patient based on their culture, race, religion, ability, gender or sexuality that may (consciously or subconsciously) inform medical decisions. The Cultural Humility model within the healthcare arena requires that healthcare practitioners recognise and correct for the power imbalances that have repeatedly been identified in skewed health priorities (e.g., treatments and educational initiatives) for minorities (Tervalon & Murray-Garcia, 1998).

Anderson Juarez et al. (2006) conducted a year long assessment of Cultural Humility as a learning tool for second year family medicine residents. The goal was to increase the resident's awareness of their own biases in order to increase the effectiveness of the interactions. The objectives were carried out through various mediums including guest speakers, home visits, discussion following reading a book or watching a video, direct interview training, patient/doctor role play, and community visits. Though the conclusion of the learning period found the residents more likely to seek out patient interactions when

decision making, the researchers acknowledged the limitation of the lack of measures of cultural humility.

Outside of the clinical setting, exercising Cultural Humility involves the dominant group attempting awareness of the ways in which their own cultural beliefs support their position of power, creating an oppressive environment for others. This form of humble interaction may exist within the intergroup contact context by taking the Cultural Humility concept a step further to exist outside of professional development initiatives. The following section exemplifies the ways in which emphasising culture awareness may provide an environment of personal responsibility for how one uses or misuses the resources available to them to create a more inclusive society.

### **Culture Awareness**

Following the principles of Cultural Humility, I have set out to synthesise the information available on understanding privileges into a proposed workshop that I am calling a Culture Awareness Workshop. The idea is to recognise the privileges inherent to existing within the framework of a white, patriarchal, Christian society. The goal is to ultimately dismantle the institutional, interpersonal, and internal pressures and biases that necessarily lead to oppression of others who do not fit within that framework.

I intend for the workshops to be available as an individual journey through avenues such as: the workplace, institutes of higher learning, and available on an individual basis. The information may be presented as an in-person workshop, as an online module, or as a

workbook. The information contained within is intended as a starting point for a lifelong change when communicating with diverse populations.

Workshop goals and objectives:

1. **Identifying one's culture.** The main departure of the Cultural Humility concept from the Cultural Competence concept is the emphasis on individuals becoming more aware of their own culture. In particular, Abrums and Leppa (2001) found that their white nursing students often report an absence of culture – not unlike the person who does not consider themselves as having an accent. This assertion highlights the problematic phenomenon of the dominant culture projecting their beliefs as the standard through which all input is filtered. This mindset plays out on every level of society through government policy, media, education and interpersonal interactions to name a few. Cultural Humility challenges the individual to look at their own attitudes and beliefs as one of the many ways of seeing things based on one's background.
2. **Identifying the privileges that come with the group memberships that an individual enjoys.** We all belong to more than one group. We move through the world processing input based on which membership is made salient within any particular environment. Charness, Rigotti and Rustichini (2007) used games to assign participants to groups and an audience of same team players versus the opposition was used to assign levels of group salience to the task. They found that group membership affects the decision

making process for an individual even when the group membership does not necessarily impact the subject matter directly. Keeping in mind the amount of impact group membership has in everyday life, it highlights the importance of identifying the array of groups that one may identify in order to understand the lens through which we see the world.

3. **Acknowledging, one by one, how enjoyment of each privilege marginalises another group.** The next step is to identify the ways in which the ingroup/outgroup power dynamic simultaneously elevates one group while suppressing another. Enjoyment of group membership, and the privileges that go along with it, does not happen in a vacuum. In order to live in a community that enjoys the normalisation of heterosexual relationships, one must simultaneously diminish the validity of the alternatives. To walk into a building without access, you must notice the person left outside in the wheelchair. Promoting Christian values exclusively within our schools can only marginalise the students with other religious beliefs.
4. **Practical applications through role playing.** A meta-analysis of 26 studies utilising role playing in prejudice reduction efforts found the approach to a significant effect on students (McGregor, 1993). I propose role playing likely scenarios in which the participant is challenged to process the event not just through the lens of the dominant group member, but also from the perspective of the “other” to draw attention to the formation of microaggressions. The intent is to both continue to highlight ways in which

we interject our biases on another as well as to provide a blueprint for future interactions.

- 5. Continued education, including anti-oppression literature and the benefits of Social Justice Advocacy.** The conversations around anti-oppression and social justice are advancing and ongoing. I consider the understanding of these concepts and participation in ongoing discussion motivation for persisting with self awareness. Continued education may be in written form as well as in person and/or online discussion groups.

## **Conclusion**

Studies like that of Greer and Chwalisz (2007) highlighting the correlational link between intergroup contact and the increase in academic failure of Blacks attending predominately White institutions of higher learning compared to that of Blacks attending historically Black institutions of higher learning, support the idea that mere contact does not necessarily lead to improved outcomes for minorities. This paper is an effort in making the case for diverting prejudice reduction efforts away from the unidirectional impact of current interventions and toward the multidirection impact of embracing Cultural Humility. Contact is required in either scenario, but the Cultural Humility model requires the effort from the majority group not seen in previous initiatives. Previously, Cultural Humility research was largely centred on the doctor/patient relationship. I feel that the successes found in the healthcare environment lend to a broadening of the reach of this method in our communities on all levels.

In exploring the negative effects to the minority groups inherent to the intergroup contact experience – manifesting as minority stress – the Cognitive Dissonance Theory (Festinger, 1957) explained the prevalence of racism in its subtle format today. The Social Identity Theory provided a framework for understanding how different social groups process societal input. The Cognitive Dissonance Theory provides the context for understanding how racism can still exist in a time when there are great, negative consequences for being identified as racist: the greater the negative consequence for an attitude or belief, the less likely it is for an individual to change that attitude or belief. The Social Identity Theory (Tajfel & Turner, 1979) provides clarity for the way that we move about the world processing and reacting not as individual entities, but as members of groups that inform decisions that we make.

The interactions between the majority group members (i.e., the White or dominant group) and the minority group members (i.e., non-White or low-status group) have been in the context of the dominant group being encouraged to learn more about outgroups. These interactions have previously been seen as the standard for prejudice reduction. Cultural Humility suggests that a more mutually beneficial approach would be encouraging the individual with dominant group membership to adopt a humble approach to interacting with persons with “other” group membership status.

I would like to suggest that Cultural Humility be regarded as a method of looking at ways to encourage and measure the level to which the dominant/majority group is adopting new attitudes, behaviours, values and adjustments to their own sense of self. That is, rather than measure the attitudes and behavioural intentions of majority members, the

expression of bicultural interactions should include acknowledgement that a paradigm shift needs to occur. The paradigm in place is one of there being a dominant culture with a necessity for a level of assimilation on the part of the minority cultures. I further propose a workshop formatted as an avenue for beginning the conversations about the connection between privileges and oppression. Considering the inclination toward maintenance of the status quo (Saguy et al., 2009), a genuine effort needs to be made outside of the reliance on mere contact on the part of the majority group members in the effort of bridging the gap between the dominant group and minority populations.



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